H191 Reg 800 12-16-03

Practitioner's-Docket No. MI40-285

PATENT

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Mark E. Tuttle

Application No.: 09/524,804

Group No.: 2635

Filed: 03/14/2000

Examiner: M. Shimizu

For:

Wireless Communication Devices, Radio Frequency Identification Devices, Methods of Forming a Wireless Communication Device, and Methods of Forming a Radio

Frequency Identification Device

Mail Stop 16
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

# REQUEST FOR REFUND (37 C.F.R. 1.28(a))

#### I. REFUND REQUEST

This request for refund is made for a charge in the amount of \$774.00 to deposite account 23-0925 on November 21, 2003 in connection with the filing of the Response to the 7/16/2003 Office Action filed November 17, 2003. We are requesting a refund in the amount of \$774.00.

# II. FEES PAID FOR WHICH AMOUNT OF REFUND REQUESTED

The fees for which we are requesting a refund were fees charged to deposit account number 23-0925 on November 21, 2003.

#### CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. section 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

**/** 

deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: 12/2/2003

transmitted by facsimile to the Patent and Trademark Office.

**FACSIMILE** 

Signature

Natalle King (type or print name of person certifying)

(Request for Refund-page 1 of 2)

On November 14, 2003 we filed a Response to 7/16/2003 Office Action and paid the \$322.00 filing fee. \$126.00 for adding new claims in excess of 20, and \$86.00 for adding a new independent claim, and for filing a Request for Extension of Time (one month) which was paid by check no. 141008 in the amount of \$322.00 (see Fee Transmittal filed 11/17/2003 and a copy of check no. 141008 evidencing payment to the PTO).

On November 21, 2003, a charge of \$774.00 was made to the above identified deposit account described as a claims in excess of 20 and independent claims in excess of 3 fee. This was to be applied for added claims. This should not have been charged as the fees due for adding claims were paid by check no. 141008 (see copy of canceled check and Fee Transmittal filed 11/17/2003). In the original application we paid for a total of 13 claims in excess of 20 and 7 independent claims in excess of 3 (see copy of check and Fee Transmittal filed 3/14/2000). On 3/14/2002 we paid for adding new claims by check no. 134342 (see copy of canceled check and Fee Transmittal and Check filed 3/14/2002) in the amount of \$288.00. On 10/21/2002 we paid for adding new independent claims by check no. 136675 (see copy of canceled check and Fee Transmittal filed 10/21/2002) in the amount of \$168.00. On 3/14/2002 we paid for adding new claims by check no. 134342 (see copy of Fee Transmittal and Check filed 3/14/2002) in the amount of \$288.00. There are 13 independent claims and 56 total claims currently pending in this application.

The total amount of the refund requested is \$774.00. for adding claims in excess of 20 and for adding independent claims in excess of 3.

#### III. FEES FOR WHICH AMOUNT OF REFUND REQUESTED

Total Refund Requested \$774.00

Please make refund by crediting Account No. 23-0925.

James D. Shaurette Registration No. 39,833

Wells St John P.S. 601 W. First Ave., #1300

Spokane, WA 99201

509-624-4276

Customer No. 021567

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	Examiner Name	M. Shimizu			
Total Number of Daniel 1 2010 Augusta	Attorney Docket Number	MI40-285			
Total Number of Pages in This Submission					
	ENCLOSURES COMER AND OF	nat apply)			
Fee Transmittal Form	Drawing(s)	After Allowance communication to Technology Center (TC)			
Fee Attached	Licensing-releted Papers	Appeal Communication to Board of Appeals and Interferences Advised Communication to TC			
Amendment/Reply		(Append Hottes, Brief, Reply Selef)			
After Final	Provisional Application	Propredary Information			
	Power of Attorney, Revocation				
Affidavits/declaration(s)	Change of Correspondence Add	dress Status Letter Other Enclosure(s) (please			
Extension of Time Request	Terminal Disclaimer	Identify below):			
Express Abandonment Request	X Request for Refund	Return Receipt Postcard			
	CD, Number of CD(e)	Copy of Deposit Acct.			
Information Disclosure Statement		Statement for Nov.			
Certified Copy of Priority  Document(s)  Copies of Fee Transmittals and Canceled					
<u></u>	Checks filed 3/14/	8mittals and Canceled			
Response to Missing Parts/ Incomplete Application	11/17/2003/	2000; 3/14/2002; 10/21/2002			
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SIGNATURE OF APPLICANT ATTORNEY, OF AGENT					
Firm James D. Shaurette, Reg	ı. No. 39,833	9 5 5 5 T			
or Individual name Wells, St.: John	9.1				
Signature	18 18 18 18 18 18 18 18 18 18 18 18 18 1	<b>E 5</b> 55			
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sufficient postage as first class mall in an en	velope addressed to: Cornelationer for Pi	or deposition with the United States Postal Service with the state P.O. Box 1450, Alexandria, VA 22313-1450 on			
the date shown below.					
Typed or printed name					
	Natalie King	My Agent			
Signature		Date 12/2/03			

This collection of information is required by 37 CFR 1.5. The information is required by 37 CFR 1.5. The information is required by 37 CFR 1.5. The information is required by 35 UBC 123 37 CFR 1.5. This collection is estimated to 12 minutes to complete; including gathering, preparing, and submitting the completed application on the USPTO This collection is estimated to 12 minutes to complete including gathering, preparing, and submitting the completed application on the USPTO This poor require to complete this form and/or suggestions or sedicing 23 burden, though be seen to see Chief by Chi

If you need assistance in completing the form; call 1-800-PTO 9199 and selection [1]

PATENT MAINTENANTS





# **Deposit Account Statement**

**Requested Statement Month:** 

November 2003

**Deposit Account Number:** 

230925

Name:

WELLS ST JOHN PS

Attention:

**RHONDA RAMBO** 

Address:

**601 WEST FIRST AVENUE SUITE 1300** 

City:

**SPOKANE** 

State:

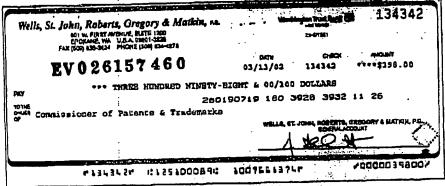
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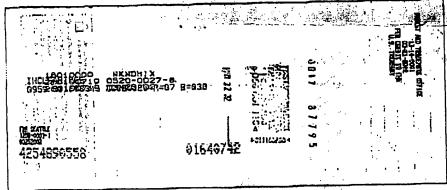
99201-3817

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		PO4-1230	7001	\$335.00	\$12,007.00
		PO4-1141	7004	\$150.00	\$11,857.00
		PO4-1222	7001	\$335.00	\$11,522.00
11/18 1064 7		PO4-1226	7001	\$335.00	\$11,187.00
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11/21 324 5	295793	CL15003	8014	\$25.00	\$10,798.00

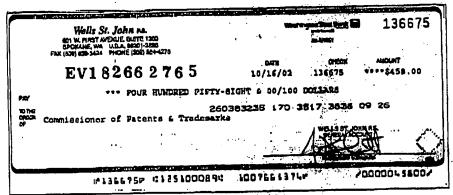




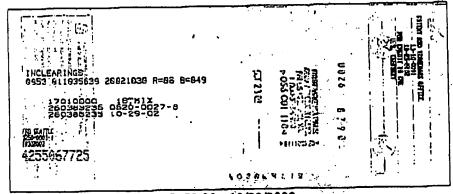
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